
GMC: Medical ethics education conference

The General Medical Council and medical ethics

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The GMC and its education committee hold annual conferences on educational matters and are united in their conviction that this conference on the Teaching of Medical Ethics is timely. Changes in society and changes in medical technology are ever more rapid and we must pause regularly and take stock. The morally bankrupt society can only survive with the most rigid and enforceable rules. Fortunately, we do not seem to be entirely in that position. We can still wrestle personally with such issues as the value of suffering and whether, as doctors, we play God when we enable a naturally infertile woman to conceive or whether, on the other hand, we do so when instead we resist such a development for her despite available adequate technology.

The council's responsibilities for professional conduct, as for education, stem naturally and inevitably from its responsibilities for maintaining the Register of Medical Practitioners, ensuring thereby adequate standards to safeguard the public. The council is permitted by the public to pursue this task with the profession. One hundred and thirty years ago it was very nearly not so and in that case the profession today would be much more professionally managed from without than is the case. The council's responsibilities and the education committee's responsibilities are both to the profession and to the public. These days the council invites its Standards Committee to advise it on standards of conduct and its *Blue Book* (1) is published containing information about the council's disciplinary procedures and advice and guidelines regarding proper and high standards of professional behaviour. The first half of this published symposium focuses on these ethical aspects of medical practice as seen from different vantage points. The second half of the symposium concerns educational aspects. What are the origins of doctors' ethical standards? Can they be taught or learned? How are attempts being made to facilitate this process? As previously implied, the council's statutory responsibility for medical education can be traced back to the origins of the council in 1858, when at the same

time it was specifically charged with ensuring minimum standards of training. The council formed views as to the length and content of medical education and over the next 70 or so years, recommendations were issued periodically. As medical education became more and more detailed, so the recommendations became more and more detailed. In 1957, however, the council decided to adopt a more flexible approach and since then the recommendations, while retaining a certain amount of detail, have taken more the form of guidelines, thus enabling medical schools to experiment more with their curricula. Apart from these recommendations there are many ways in which information is exchanged between the council and its education committee on the one hand and universities and the rest of the profession on the other. For instance, in 1975-76 there was a major survey of medical education, the results of which were published in 1977 (2). In their replies to the questionnaire which was circulated in connection with the survey, 37 medical schools in the United Kingdom and the Irish Republic indicated that they were teaching medical ethics and in 25 this was achieved at least in part by means of lectures. Many schools commented on the distinction between being taught on the one hand and learning on the other.

The Education Committee inquires regularly about the curricula of medical schools and invites schools' comments on the difficulties which they are having in delivering their teaching. The committee has power to appoint visitors to medical schools and inspectors of examinations, and it is engaged in the latter process at the moment. The reports which have been received so far from inspectors contain comments on candidates' approaches to the patient, their manners and their concern for the patients at the examination.

In February 1980, the committee adopted its current *Recommendations on Basic Medical Education* (3). I would like to draw attention to certain aspects of them. Paragraph 14, which is one of the most important sections, is very broad in terms of guidelines and it identifies three areas within the educational process, the first of which is the acquisition of knowledge and understanding; there follows the development of the professional skills which are required; and the third category is the development of appropriate attitudes to

Key words

Medical ethics; medical ethics education; medical education; General Medical Council.

the practice of medicine. Under the acquisition of knowledge and understanding is mentioned 'the ethical standards and legal responsibilities of the medical profession'. The section on the development of appropriate attitudes covers a whole range of things that it might be felt are very relevant to the subject of the symposium including 'a continuing concern for the interests and dignity' of patients. The recommendations as to the development of the professional skills necessary 'to communicate effectively and sensitively with patients and their relatives' and 'to communicate clinical information accurately and concisely, both by word of mouth and in writing, to medical colleagues and to other professionals involved in the care of the patient' both touch on this subject. I would like to draw attention to these parts of the Recommendations because I think they show good intentions on the part of the committee to begin to formulate knowledge, skills and the development of mature attitudes in respect of medical ethics within the profession. They also imply that knowledge, skills and attitudes are relevant to this subject.

The paragraph on the teaching of ethics towards the end of the Recommendations reads: 'Instruction should be given in the principles of medical ethics, and in the functions of the General Medical Council. While some aspects of medical ethics can be dealt with appropriately by systematic instruction, the council considers that day-to-day teaching, particularly in the clinical context, is of greater importance, especially as it gives the student an opportunity to discuss the issues involved in normal clinical practice. His attention should also be directed to the ethical responsibilities of the medical profession in clinical investigation and in research, and in the development of new therapeutic procedures'. This is evidence of the dialogue between the council and the profession and that particular paragraph owes something to the survey of basic medical education referred to earlier.

Some of the present authors emphasise the importance of discovery as the hallmark of the learning process relevant to ethics. When I am confronted by an ethical problem in my clinical practice I sometimes consult a colleague or two; I sometimes consult my wife although I try to disguise the facts of the case; sometimes I have to remind myself to consult the patient. I certainly have to remind myself of that because patients may have an accurate and important working hypothesis about their life, their health and their death, which in my experience owes very little to education. The answer to the ethical question whether or not to tell a patient of his impending death changes profoundly, I think, if you recognise the potential of allowing the patient to tell us about his or her impending death. It is the preservation or development of that kind of skill which is surely important for doctors seeking to counter criticisms concerning their insensitivity.

By virtue of the Medical Act of 1978, the Education Committee has been charged with additional responsibilities. These include the co-ordination of all stages of medical education and the promotion of high standards of medical education. We hope that the meeting and these published proceedings will go some little way towards defining the requirements that may be identified as being basic to the acquisition of relevant knowledge, skills and attitudes in medical ethics so that we can be helped in this task.

References

- (1) General Medical Council. *Professional conduct and discipline: fitness to practise*. London: GMC, 1983.
- (2) General Medical Council. *Survey of basic medical education in the British Isles*. London: Nuffield Provincial Hospitals Trust, 1977.
- (3) General Medical Council Education Committee. *Recommendations on basic medical education*. London: GMC, 1980.